

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			
2		1					52			
3		1					53			
4		1					54			
5		1					55			
6		1					56			
7		1					57			
8	/						58			
9		1					59			
10		1					60			
11		1					61			
12		1					62			
13		1					63			
14		1					64			
15	/						65			
16		1					66			
17		1					67			
18		1					68			
19		1					69			
20	/						70			
21		1					71			
22		1					72			
23		1					73			
24		1					74			
25		1					75			
26		1					76			
27	/						77			
28		1					78			
29		1					79			
30		1					80			
31		1					81			
32	/						82			
33		1					83			
34		1					84			
35		1					85			
36		1					86			
37		1					87			
38		1					88			
39		1					89			
40		1					90			
41		1					91			
42		1					92			
43		1					93			
44		1					94			
45		1					95			
46		1					96			
47		1					97			
48		1					98			
49		1					99			
50		1					100			
TOTAL IND.	8						TOTAL IND.			
TOTAL DEP.	41						TOTAL DEP.			
TOTAL CLAIMS	49						TOTAL CLAIMS			